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CONFIRMATION NO. 2940

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**** CONTINUING DATA *******

This application is a 371 of PCT/SE03/00854 05/27/2003

**** FOREIGN APPLICATIONS *******

SWEDEN 0201662-4 05/31/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SWEDEN	0	11	1
Verified and Acknowledged	/DARRYL C SUTTON/ Examiner's Signature	Initials				

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TITLE

Pharmaceutical combination

FILING FEE RECEIVED 1240	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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